

Foster Family Home - Corrective Action Report

Provider ID: 1-170057

Home Name: Mary Vares, NA

Review ID: 1-170057-3

91-846 Makaonaona Street

Reviewer: David Ayling

Ewa Beach

HI 96706

Begin Date: 11/29/2019

Foster Family Home Required Certificate [11-800-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

Home inspection for a 2 person CCFFH recertification made on 11/29/19.

Corrective Action Report issued during home inspection with all items due to CTA by 12/29/19.

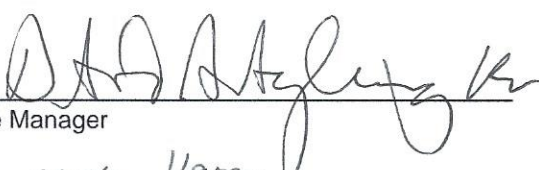
6.(d)(1) -

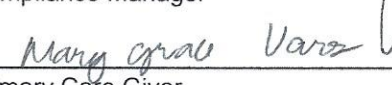
Foster Family Home Personnel and Staffing [11-800-41]

41.(b)(8) Have documentation of current training in blood borne pathogen and infection control, cardiopulmonary resuscitation, and basic first aid.

Comment:

41.(b)(8) - First Aid expired on 1/30/19 for CG #3. Renewed on 4/10/19.


Compliance Manager


Primary Care Giver

11/29/19
Date

11/29/19
Date

Community Care Foster Family Home (CCFFH)
Written Plan of Correction for Deficiencies
Listed in Corrective Action Report
Chapter 17-1454

CCFFH Name: Mary Grace Vares

CCFFH Address: 91-846 Waikelema St. Ewa Beach HI 96706

| Rule Number | Corrective Action Taken | Date Corrected | Prevention Strategy |
|-------------|--|----------------|---|
| 41.6b)(8) | I showed CTA a current CPR and First aid Certificate for CG #3 on the day of my Recer- tification | 11/29/19 | I placed this expiration dates CPR & first aid for all CG's on my galaxy cell phone. I set the reminder for 1 month prior to expiration. |

Primary Caregiver's Signature: Mary Vares

Print Name: Mary Grace Vares

Date of Signature: 11/29/19